

#### INDIANA SHERIFFS' ASSOCIATION SCHOLARSHIP FUND



Post Office Box 19127 Indianapolis, IN 46219

The Indiana Sheriffs' Association Scholarship Fund was established for the purpose of receiving, investing and dispensing of funds to provide college scholarships to qualified students who are committed to pursuing an education and career in the law enforcement field.

The Indiana Sheriffs' Association Scholarship Committee consists of the following members: (2) two sheriffs and (1) one deputy sheriff plus (1) one college or university administrator from each of the four areas of the state. Each member shall be appointed for the term of one year to serve at the pleasure of the president. The committee shall recommend the amount and number of scholarships to be awarded annually. The president of the Indiana Sheriffs' Association shall serve as chairman of the committee and the executive director of the association shall serve as the secretary by virtue of their respective positions. The members of the Indiana Sheriffs' Association Scholarship Committee shall serve as a screening committee in their respective area of the state and the said screening committee shall determine the scholarship recipients from that area.

The state of Indiana shall be divided into four separate areas for the purpose of selecting members of the committee and recipients of the scholarships.

The said scholarship fund was established for the benefit of the members of the association and other qualified individuals. The general qualifications for applicants are: to be an active affiliate or associate member of the Indiana Sheriffs' Association or a dependent child or grandchild of an active affiliate or associate member of the association, be an Indiana resident, attend an Indiana College or University, major in a law enforcement field and enroll as a full-time student (12 hours).

A person who has received a scholarship in a prior year may apply for a renewal of the scholarship for only three successive years. The Indiana Sheriffs' Association Scholarship Committee shall determine the regulations and information required to qualify.

Notification of the available scholarship shall be made by printing such notice in THE INDIANA SHERIFF, an official Indiana Sheriffs' Association publication; through each sheriff's office by news release and by mail to each high school, college and university in the state. Applications shall also be available from any sheriff's office or the association office.

Any person applying for such scholarship shall sign the application form, giving permission to the committee and the association to obtain information from the authorities of the school that the said applicant has previously attended. The information may include, but is not limited to, grade point average, class standing, curriculum of study, extra curricular activities and any evaluation that such authorities may be able to relate to the committee concerning the character and citizenship of the applicant. For more information, call 1-800-622-4779.

#### INDIANA SHERIFFS' ASSOCIATION, INC.

POST OFFICE BOX 19127; INDIANAPOLIS, IN 46219 1-800-622-4779

#### I.S.A. SCHOLARSHIP PROGRAM APPLICATION

The attached form for the Indiana Sheriffs' Association Scholarship Program consists of two parts:

- **PART I** to be completed by you, the applicant, and signed by you and your parents or guardian. High School students **must** provide a transcript of high school grades. College students **must** provide a transcript of college grades.
- PART II to be completed and signed by your high school principal, college registrar or qualified school official.

#### **QUALIFICATIONS**

- 1. ALL APPLICANTS MUST BE AN INDIANA RESIDENT.
- 2. ALL APPLICANTS MUST BE COMMITTED TO PURSUING AN EDUCATION AND CAREER IN A LAW ENFORCEMENT FIELD AT AN INDIANA COLLEGE OR UNIVERSITY.
- 3. ALL APPLICANTS MUST BE A CURRENT MEMBER OF THE ASSOCIATION, OR A DEPENDENT CHILD OR GRANDCHILD OF A CURRENT MEMBER OF THE ASSOCIATION. If you do not meet the membership requirement, an application for membership is attached to this application. Just complete the application and return it with this Scholarship Application to meet the requirement.
- 4. ALL APPLICANTS MUST ENROLL AS A FULL-TIME STUDENT (12 hours).
- 5. ALL APPLICANTS MUST HAVE TAKEN THE SCHOLASTIC APTITUDE TEST (SAT) OR THE AMERICAN COLLEGE TEST (ACT).

ALL INFORMATION MUST BE <u>TYPED OR HAND PRINTED</u> <u>NEATLY</u>, COMPLETED IN FULL, AND RETURNED <u>BEFORE</u> <u>APRIL 1</u> TO: Indiana Sheriffs' Association; PO Box 19127; Indianapolis, IN 46219.

### PART I–To be completed by the applicant--MUST BE TYPED OR HAND PRINTED NEATLY

Name	·				
NameLast	First		Middle		
Home Address Post Office Box or Stree					
Post Office Box or Stree	t City	Sta	te ZIP		
Telephone Number ()	Home Co	unty			
Date of Birth	Social Security #				
Name of I.S.A. Member	Relationship to	Applicant			
Address of ISA Member		- Allenda - Allenda	···		
Father's Name	Place of Employment		Position Held		
	Home Telephone #	Business			
Father's Address	Telephone #	· ·	Telephone #		
Mother's Name	Place of Employment		Position Held		
	Home	Business	3		
Mother's Address	Home Busin Telephone #		Telephone #		
Name of high school you attend(ed)	me of high school you attend(ed) Year graduate(				
School Address					
School AddressStreet	City	S	State ZIP		
Name of college or university you attend or p	olan to attend	•			
Field you plan to major in					
Number of semesters or quarters completed a Semesters					
I am currently enrolled as a senior in high sch					
I am currently enrolled in a college/university Freshman Son	vas a: (circle one)	Senior			

2. I	Parent(s) Name
	List adjusted gross income of parent(s) reported on last I.R.S. tax return \$
3. I	List your adjusted gross income as reported on last I.R.S. tax return \$
4. F	Please list names, ages and relationships of dependents in your immediate household:
Ī	Name Age Relationship Name Age Relationship
5. ì	Number of household members (other than yourself) that are full-time college students
5. T	What methods do you plan to use to finance your college education?
<del>-</del>	
	Please list any special awards or recognition you have received for scholarships or other scholastic oriented achievements.
	Please list any hobbies or leisure-time activities that are of interest to you and any special ecognition you may have received from these activities.
_	Please list your principal high school and/or college clubs, organizations, activities and any office or positions held.
	*

Activity	Office/Position	Years Held
Please list part-time	and summer employment. List most	recent first.
Employer	Duties	Part-time/Summer (Specif
Yes No _	arrested for any alcohol or drug relate If yes, list arrest type(s) ar	ad date(s)
	ved an I.S.A. Scholarship? Yes Year(s) received	
How did you learn al officer, Internet, etc.)	bout our scholarship program? (pare	nt, grandparent, school, police
(a) your propo (b) how you re (c) what you e	of paper, please write a short essay on osed course of college study, eached this decision, expect to gain from college, onal goals and ambitions	<b>:</b>
	eloping your essay. The essay is you onal characteristics to members of the	
remember, a transcript e a high school transcri	of grades <u>must</u> be mailed with application of grades and College students are to provide a	on. High school students are to college transcript.
ed in this application is on all aid office or qualified s records to the Selection (	Indiana Sheriffs' Association Scholarship Fomplete and true. I authorize my high schoschool official to complete the remainder of Committee of the Indiana Sheriffs' Associate f the Selection Committee in the selection of	ool principal, or the office of registrar, of this form and forward the required tion Scholarship Program.
Signature of Appl		ture of Parent or Guardian

## PART II – To be completed by the High School Principal, College Registrar or Qualified School Official – MUST BE TYPED OR HAND PRINTED NEATLY

#### TO THE SCHOOL OFFICIAL:

The Indiana Sheriffs' Association Scholarship Program is designed to recognize the academic achievements and total development of high school seniors and/or college students. Applicants are competing for a \$500 I.S.A. scholarship from within their area of the state.

In order to best evaluate the applicant, the Selection Committee needs information from you. It is hoped your comments will be complete and thoughtful in order to provide the Committee with a total picture of the applicant.

IF YOU FEEL THAT YOU, AS THE HIGH SCHOOL PRINCIPAL OR COLLEGE REGISTRAR, DO NOT KNOW THE APPLICANT WELL, THE FOLLOWING INFORMATION MAY BE PREPARED AND SUBMITTED BY ANOTHER QUALIFIED SCHOOL OFFICIAL. THANK YOU FOR YOUR HELP AND COOPERATION.

tud	lent's Name					
	This student ranks in a class of students at the					
	end of semesters.					
	This student's GPA is on a scale of					
•	This student took the Scholastic Aptitude Test (SAT) or the American College Test (ACT)					
	on Please indicate scores achieved: Verbal Math					
٠.	Attached is the transcript of the student's high school records for semesters or					
	college transcript for semesters.					
i.	List student's attendance record					
	If the information is not included on the transcript, please indicate:					
	Passing Grade Grade recommended for college work					
	Type of course taken (General, College Preparatory, etc.)					

our Signature			Date				
our Name			Position				
<u></u>	Street		City	State	ZIP		
chool's Address							
ame of School							
		•					
	·		·				
readership ac	mity, Oxtid-out	ricular activities, im	ciative, citizensiiip	and imancial in	ccu.		
Your comme	Please use the space below to give the Selection Committee your appraisal of the student Your comments should include an appraisal of the student's scholastic achievements, leadership ability, extra-curricular activities, initiative, citizenship and financial need.						

19127; Indianapolis, IN 46219

## INDIANA SHERINES ASSOCIATION





## BECOME A MEMBER TODAY

#### INDIANA SHERIFFS' ASSOCIATION ASSOCIATE MEMBERSHIP APPLICATION

I am enclosing my annual Associate Membership	Dues	·			\$ 24.00
(Membership credentials consist of membership card, two I.  I am enclosing our Associate Family Dues (Included)	S.A. star decals and a year's	s subscription to THE INDI	ana sheriff	)	\$ 35.00
Spouse's Name		·			
*Unmarried dependent children over 14 days and					
(Available through Family Membership Only)			\$10.0	0 each x=	\$
Name (s)					
(Family membership credentials consist of a membership car magazine, THE INDIANA SHERIFF, per family)	rd per member; three I.S.A.	star decals per family, and	a years subscrip	tion to our	
In addition to my dues, please send me # members	ship license tags @ \$5				.\$
Please use the following amount to assist the Indiana She	riffs' Scholarship Fun	d			\$
	Youth Leadersh	ip Camp		,	.\$
	Training Fund	*			\$
		DSED			
Name of Applicant					
Address	City	S1	tate	_ Zip	
County	Duec and sommerment in	Indiana Sheriffs' Association a		under 501-C(3) of the	ie I.R.S. Code
Please make check payable to INDIANA SHERIFFS' ASSOCIATION, Mail to:	: P.O. Box 19127. INDIANAPOLIS.	IN 46219. Telephone 1-800-622-47	79		

# SUPPORT YOUR SHERIFF'S DEPARTMENT

If you are applying for a scholarship and do not meet the membership requirement, you can use this application to apply for membership. Just complete the application and return with the Scholarship Application.